ΑV	IZONA STATE BOARD OF HEA	166 LTH
AI	BUREAU OF VITAL STATISTICS	State File No.
L PLACE OF BIRTH	STANDARD CERTIFICATE OF BIRTH	Local Registrar's No
County. Jula	State	/
District or Township	or Village	
Moran lina.	••	
2. Full name of child armed		on, give its NAME instead of street and number If child is not yet named, make supplemental report, as directed.
3. Sex of Child To be answered ONLY	i 4. Twin, triplet or other 6. Legitima	te?
hand births.	5. No., in order of birth	7. Date of birth Month Do Year
s PATHER	о н.	MOTHER
Full notingiono Bra	camouth Full maiden faile	usuela forma?
9. Residence (Usual place of about the	15. Residence (Usual place	enthough !
If non-resident, give place and diste.	If non-resident	, give place and state.
10 Color or race 11. Age, at las	t birthday 28 (Years) My	17. Age at last birthday. (Years)
12. Birthplace (city or place).	ma 18. Birthplace (c	its or shoraute
(State or country)	istate or con	ntry for , Muy
13. Occupation Laborer.	19. Occupation	House Hil
Nature of industry	melle Nature of ind	<i></i>
20. Number of children of this mother	(a) Born alive and now living	21. Were precautions taken against oph-
(Taken as of time of birth of child herein certified and including this child.)	(c) Stillborn	Jus
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.		
I hereby certify that I attended the birth of this child, who was		
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.	Signature Plus Contraction	(Physician 60 mily itc).
Given name added from	Addres 14	aydur, Urina
Month, day, yea		29 M. B. Wash
Registrar		Registrar

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